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Bib Data Sheet

CONFIRMATION NO. 6136

SERIAL NUMBER 09/654,212	FILING DATE 09/01/2000	CLASS 273	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. AC-001
	RULE			

APPLICANTS

Anthony N. Cabot, Las Vegas, NV;

** CONTINUING DATA ***** ~ *None* ~** FOREIGN APPLICATIONS ***** ~ *None* ~

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 10/30/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>John F. Legeore NPL</i> Allowance Examiner's Signature Initials	NV	6	20	3

ADDRESS

VICTOR J. GALLO
 1661 OLDCASTLE PLACE
 WESTLAKE VILLAGE , CA
 91361

TITLE

Multiway poker game method and apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 345		



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CONTINUATION NO. 6136

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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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**** 10/30/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NV	DRAWING 6	20	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Victor J Gallo
3 Kennesaw Road
Henderson , NV 89052

TITLE

Multiway poker game method and apparatus

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (filing) <input type="checkbox"/> 1.17 Fees (processing Ext. of time) <input type="checkbox"/> 1.18 Fees (mailing) <input type="checkbox"/> Credit
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 United States Patent and Trademark Office
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SERIAL NUMBER 09/654,212	FILING OR 371(c) DATE 09/01/2000 RULE	CLASS 273	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. AC-001
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APPLICANTS

Anthony N. Cabot, Las Vegas, NV;

** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 10/30/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Victor J. Gallo</i> ^{All Allowance} <i>Victor J. Gallo</i> _{NFL} Examiner's Signature Initials				

ADDRESS

Victor J. Gallo
 YouBet.com Inc
 5901 De Soto Avenue
 Woodland Hills , CA 91367

TITLE

Multiway poker game method and apparatus

FILING FEE RECEIVED 431	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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APPLICANTS

Anthony N. Cabot, Las Vegas, NV ;

**** CONTINUING DATA *******

none (2)

**** FOREIGN APPLICATIONS *******

none (2)

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 10/30/2000****** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

Victor J Gallo
 P O Box 10938
 Zephyr Cove ,NV 89448

TITLE

Multiway poker game method and apparatus

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	Examiner's Signature	Initials		

ADDRESS

Victor J Gallo

11000 S Eastern

#2627

Henderson , NV 89052

TITLE

Multiway poker game method and apparatus

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